BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

	PAICHI	Effec	HD	1	3	35	1,2					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			36				RA	TE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		FEE	355.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			26 minus 20=		. 16		X\$	9=		OR	X\$18=	288
INDEPENDENT CLAIMS			minus 3 =		* 4.			X40=		1	X80=	320
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR		220
* If	the difference	less than ze	ero, entei	r "0" in c	column 2				OR	+270=	(-2 -2)	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL	1358
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RA ⁻	ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40)=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		+13:	5=		OR	+270=	
								TAL			TOTAL	
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT.	FEEI		,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
	Independent	*	Minus	***		=	X40	=		OR	X80=	
	FIRST PRESE	NTATION OF MU	DETIPLE DEF	ENDENT	CLAIM		+135	5=		OR	+270=	
								TAL FEE		OR ,	TOTAL	
	(Column 1) (Column 2) (Column 3)									, ,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	EST BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***		=	X40			ŀ	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR									OR	7,00-	
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Num	ber Previously Pai	d For" (Total or	rIndepende	ent) is the	highest number	found in th	е арр	ropriate box	in colu	umn 1.	